

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

Serial No.

Applicant's I.D.

09/398610

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IN.	DEP.	IN.	DEP.	IN.	DEP.
1	/					
2	/					
3	/					
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49						
50						
TOTAL IN.	15					
TOTAL DEP.						
TOTAL						

IN.	DEP.	IN.	DEP.	IN.	DEP.
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100					
TOTAL IN.					
TOTAL DEP.					
TOTAL					